



TOWN OF SEEKONK BUILDING DEPARTMENT

100 Peck Street, Seekonk, MA 02771
Phone: (508) 336-2990 Fax: (508) 336-0764

APPLICATION FOR CERTIFICATE OF USE & OCCUPANCY ONLY

In accordance with the provisions of Chapter 143 of the Mass General Laws, Section 111.1 of the Massachusetts State Building Code, application is hereby made for a "Certificate of Occupancy"

For Official to fill out:

PERMIT#: _____ MAP: _____ LOT: _____ ☐ BLD. FEE \$50.00 ☐ CHANGE OF USE

For Applicant to fill out:

**THE UNDERSIGNED HEREBY APPLIES FOR A PERMIT TO OCCUPY THE PREMISES
LOCATED AT:**

DATE: _____

PROPERTY ADDRESS: _____

EXISTING OR PRIOR USE OF THE SPACE: _____

PROPOSED USE OF THE SPACE: _____

SQUARE FOOTAGE OF SPACE: _____

CONTACT INFORMATION OF PROPERTY OWNER:

OWNER OF PROPERTY: _____

OWNER'S ADDRESS: _____

OWNER'S PHONE#: _____ E-MAIL: _____

CONTACT INFORMATION OF TENANT:

BUSINESS NAME: _____

APPLICANT NAME: _____ PHONE#: _____

HOME ADDRESS: _____ CITY/TOWN _____

STATE: _____ EMAIL: _____

FLOOR PLAN SUBMITTED: ☐ YES ☐ NO

TENANT/APPLICANT SIGNATURE: _____

APPROVAL BY THE INSPECTOR OF BUILDINGS: _____

****NOTE:** Please inquire about a SIGN PERMIT at the time of this application if you are considering changing the name out front of the space. Initials _____